

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090450

Entity Name: MWB LLC

FILED
Sep 06, 2007
Secretary of State

Current Principal Place of Business:

3370 NE 190 ST
STE 3815
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3370 NE 190 ST
STE 3815
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-5533401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHVARTSMAN, KLARA
8443 SAWPINE RD
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHVARTSMAN, MICHAEL
Address: 8443 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM () Delete
Name: SHVARTSMAN, GERALD
Address: 8443 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM () Delete
Name: HANNELIUS, ERIC
Address: 82 SEABORNE RD
City-St-Zip: YARMOUTH, ME 04096

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL SHVARTSMAN

MGRM

09/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date